## CITY OF ALAMEDA 457 DEFERRED COMPENSATION – DEFERRAL CHANGE FORM

**To the Employee**: Use this form to make changes in the amount of your deferral to your 457 Deferred Compensation Plan.

You should already be enrolled in a deferred compensation plan. If you are not enrolled, contact the Human Resources Department to request a **457 Deferred Compensation Plan Employee Enrollment Packet**. The enrollment form must be completed and submitted before deferral can begin.

Annual Contribution Limit: Only future compensation may be deferred.

Year	Annual Deferral Limit
2015	\$18,000

**Catch-Up Provision**: As you near retirement, you may make additional contributions under the "preretirement" (for earlier years when you did not contribute the maximum amounts allowed) **OR** the "age-50" catch-up provision (you are age 50 or older in the current tax year). Note: The "pre-retirement" catch up provision and "age-50" catch-up provision cannot be combined in the same plan year.

Year	Additional "Pre-Retirement" Catch-Up Limit	
2015	\$18,000	

Year	Additional "Age 50" Catch-Up Limit
2015	\$6,000

I am enrolled in the following 457 Deferred Compensation plan:					
□ ICMA	☐ MASS MUTUAL	□ PERS	□ NATIONWIDE		
I wish to make the following change to my contribution amount:					
□ INCREASE	□ DECREASE	□ RESUME	□ SUSPEND		
I wish to defer 457 account.	% or \$	from my pay	each pay period to be contributed to my		
If you wish to use a Catch-Up Provision, please indicate ONE of the following types you are using:  □ "Pre-retirement" provision □ "Age-50" provision					
Change will be effective: ☐ The next qualifying pay period or ☐ Future date//					
I authorize the change in contributions indicated above.					
EMPLOYEE SIGNATURE:		DATE:			
PRINT NAME:			ID OR SSN:		